



APPLICATION ASSISTANCE

For Application Assistance, please fill out the below form and fax it back to us at:
763-441-5217 or by e-mail at: sales@dynetic.com

Company _____
Name _____
Street Address _____
Street Address2 _____
City _____
State _____
Zip Code _____
Country _____
Email _____
Phone _____
Fax _____
Dynetic Representative: _____

Describe Your Application

Move/Velocity Profile

Peak Velocity _____
Duty Cycle _____
Comments:



System Specifications

Maximum Backlash (Gear Motors) _____

Forced Applied/Backdrive _____ oz-inch inch-lbs

Comments

Peak Torque _____

Torque Comments

Amplifier Specifications

Number of Axes _____

Comments _____

Currently using one Yes No

Brand / Model _____

Existing Motor

Replace Yes No Brand/Model # _____

Projected Quantity _____

Prototype Needed Yes No

Delivery Time Frame _____

Solid Works Model Yes No

Special Requests (ie: encoder/tach/brake etc.)